

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Utah

Case number (If known): _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

6/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Danielle

First name

Middle name

Ramirez

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and doing business as names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 9 1 8

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

Danielle Ramirez

First Name Middle Name

Last Name

Case number (if known) _____

About Debtor 1:**4. Your Employer****Identification Number (EIN), if any.**EIN

EIN

EIN

EIN**About Debtor 2 (Spouse Only in a Joint Case):**EIN

EIN

EIN

EIN**5. Where you live**

1129 Shepard Lane

Number Street

Farmington UT 84025

City State ZIP Code
Davis County
County**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.Number Street

_____P.O. Box

_____City State ZIP Code

_____**If Debtor 2 lives at a different address:**Number Street

_____City State ZIP Code

_____County
_____**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.Number Street

_____P.O. Box

_____City State ZIP Code

_____**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No
 Yes.

District Utah When 11/03/2016 Case number 16-29768

District Utah When 05/19/2015 Case number 15-24657

District Utah When 06/24/2021 Case number 21-22791

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
 Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Danielle Ramirez

First Name Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

- No. Go to Part 4.
- Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Danielle Ramirez

First Name Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Danielle Ramirez

Signature of Debtor 1

Executed on 08/15/2024

MM / DD / YYYY



Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Danielle Ramirez

First Name Middle Name

Last Name

Case number (if known) _____

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

 /s/ Kent Winward

Signature of Attorney for Debtor

Date

08/15/2024

MM / DD / YYYY

Kent Winward

Printed name

The Bankruptcy Firm

Firm name

4850 Harrison Blvd.

Number Street

Suite 1

Ogden

UT

84403

City

State

ZIP Code

Contact phone 8013928200

Email address utahbankruptcyfirm@gmail.com

5562

UT

Bar number

State

United States Bankruptcy Court

District of Utah

In re Danielle Ramirez

Case No. _____

Debtor

Chapter ¹³ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$ 4,000.00
Prior to the filing of this statement I have received \$ 0.00
Balance Due. \$ 4,000.00

RETAINER

For legal services, I have agreed to accept a retainer of \$
The undersigned shall bill against the retainer at an hourly rate of \$
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding or filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods or exempt property.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/15/2024

/s/ Kent Winward, 5562

Date

Signature of Attorney

The Bankruptcy Firm

Name of law firm
4850 Harrison Blvd.
Suite 1
Ogden, UT 84403

Advance Financial
100 Oceanside Drive
Nashville, TN 37204-0000

Cb Indigo/Gf
Po Box 4499
Beaverton, OR 97076

Alpha Property & Casualty Insurance Co.
PO BOX 660420
Dallas, TX 75266-0000

Cbe Hlthcare
1309 Technology Pkwy
Cedar Falls, IA 50613-0000

Alpina Legal
2230 N University Pkwy #7E
Provo, UT 84604-0000

Celtic Bank/Contfinco
4550 New Linden Hill Rd
Wilmington, DE 19808

Amerassist
Po Box 26095 # 500
Columbus, OH 43226

Chapmanfinsr
Po Box 14693
Spokane, WA 99214-0000

Ameriassist
445 Hutchinson Ave # 500
Columbus, OH 43235-0000

Check \$mart
7001 Post Road
Dublin, OH 43016-0000

Amerunfcu
500 Foothill Dr
Salt Lake City, UT 84148-0000

Check City cc
15 South State
Orem, UT 84058-5417

Balance Credit
P. O. Box 4356
Dept #1557
Houston, TX 77210-4356

Check Into Cash, Inc
PO BOX 550
Cleveland, TN 37364-0000

Bonn Coll
Po Box 150621
Ogden, UT 84415-0000

Check N Go
5557 S 1900 W
Roy, UT 84067-0000

Bonneville Billing
Po Box 150621
Ogden, UT 84415-0000

Checks Mate
1290 S 300 W
Layton, UT 84041-0000

Bridgecrest
1030 North Colorad
Gilbert, AZ 85233

Cksprimein
1800 Route 34, Suite 305
Wall, NJ 07739

Bridgecrest Reg Agent
CORPORATION SERVICE COMPANY
15 WEST SOUTH TEMPLE STE 1701
Salt Lake City, UT 84101-0000

Comenitycapital/Dell
553 S RI Thorton
Dallas, TX 75203

Cach Llc/Square Two Financial
Attention: Bankruptcy
4340 South Monaco St. 2nd Floor
Denver, CO 80237-0000

Cr Bur Usa
757 L Street P O Box 942
Fresno, CA 93721

Cap One
Po Box 85015
Richmond, VA 23285

Credit Collections Inc/AMR
Po Box 60607
Oklahoma City, OK 73146-0000

Capital One Bank Usa N
Po Box 31293
Salt Lake City, UT 84131

Credit Collections Svc
Po Box 773
Needham, MA 02494-0000

Cascade Collections
P.O. Box 970547
Orem, UT 84097-0000

Credit One Bank
PO Box 98873
Las Vegas, NV 89193-0000

Credit One Bank Na
Po Box 98875
Las Vegas, NV 89193

Dept Of Ed/navient
Po Box 9635
Wilkes Barre, PA 18773-0000

Div Adj Serv
600 Coon Rapids Bv
Coon Rapids, MN 55433

Diversified Consultant
10550 Deerwood Park Blvd
Jacksonville, FL 32256-0000

Doe Aidx
1891 Metro Center Dr
Reston, VA 20190

Dynamic Recovery Solutions
135 Interstate Blvd Ste 6
Huntington Beach, CA 92615-0000

Em Phys Intergrated Care (Epic)
PO Box 96398
Oklahoma City, OK 73143-0000

Enhanced Recovery Corp
Attention: Client Services
8014 Bayberry Rd
Jacksonville, FL 32256-0000

ENT Specialists
4000 S 700 E Suite 10
Salt Lake City, UT 84107-0000

Express Recovery Svcs
2790 Decker Lake Dr
Salt Lake City, UT 84119

Express Recovery Svcs
3782 W 2340 S
Salt Lake City, UT 84120-0000

Feb Destiny/Gf
15220 Nw Greenbrierpkwy
Beaverton, OR 97006

Fidelity NetBenefits
100 Crosby Parkway KC1H
Latonia, KY 41015-0000

Fingerhut cc
6250 Ridgewood Road
Saint Cloud, MN 56303-0000

First Choice Money Center
1550 N Main Street #H
Layton, UT 84041-0000

First Med
P.O. Box 307
Bountiful, UT 84011-0000

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107-0000

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104-0000

First Premire Bank
PO BOX 5529
Sioux Falls, SD 57117-0000

Geico Casualty Company
PO Box 509090
San Diego, CA 92150-9090

Granger Medical Clinic cc
PO BOX 70658
West Valley City, UT 84170-0000

Great Plains Specialty Finance. INC Chec
325 S 500 W
Bountiful, UT 84010-0000

Integrated Dermatology of Bountiful LLC
425 Medical Drive #218
Bountiful, UT 84010-0000

Intermountain Health Care
Logan Regional Hospital
500 E 1400 N
Logan, UT 84341-2499

IRS
PO BOX 7346
Philadelphia, PA 19101-7346

Lakeview Hospital
PO BOX 290429
Nashville, TN 37229-0000

Loancare Llc
2420 Virginia Beach
Virginia Beach, VA 23450

MissionIntab
Po Box 105286
Atlanta, GA 30348

Molina Health Care 401k Loan
7050 Union Park Ave Ste 200

Mountain America Cu
660 S 200 East
Salt Lake City, UT 84111-0000

Mountain Loan Center
245 N. University Ave
Provo, UT 84601-0000

Rally Motor Credit
1420 S 500 W
Salt Lake City, UT 84115-0000

Mountain Star Clinical Lab
Po Box 2695
Spokane, WA 99220-0000

Ready Set Grow
215 South 300 East
Bountiful, UT 84010-0000

Mountainland Collectio
Po Box 1280
American Fork, UT 84003-0000

Revenue Cycle Solutions INC
PO BOX 660943
Dallas, TX 75266-0000

Mtn Land Col
Po Box 1280 483 W 50 N
American Fork, UT 84003

Sage Financial Services
3110 Wall Ave
Ogden, UT 84401-0000

N.a.r. Inc
1600 W 2200 S Ste 410
West Valley City, UT 84119-0000

Security
204 E Main St
Spartanburg, SC 29306

Opp Loans
130 E Randolph St Ste 34
Chicago, IL 60601

Security Fin
C/o Security Finan
Spartanburg, SC 29304-0000

Opploans/Finwise
130 E Randolph St Ste 34
Chicago, IL 60601

Security Finance Corporation of Utah
1580 State Street, Suite 6A
Clearfield, UT 84015-0000

Opprtyloan
130 E Randolph St #3400
Chicago, IL 60601

Southwest Credit
5910 W Plano Parkway
Plano, TX 75093-4638

Paramount auto Funding
3287 S Hwy 89
Bountiful, UT 84010-0000

Sprint
Harvard Collection Services
4839 N. Erston
Chicago, IL 60630-0000

PayPal -BK
P.O. Box 5138
Lutherville Timonium, MD 21094-0000

Stellar Rec
4500 Salisbury Rd Ste 10
Jacksonville, FL 32216-0000

Portfolio Recovery Assoc.
PO Box 12914
Norfolk, VA 23541-0000

Syncb/Carecr
Po Box 981439
El Paso, TX 79998

Prestige Financial Services Reg Agent
Registered Agent Solutions
2005 EAST 2700 SOUTH STE 200
Salt Lake City, UT 84109-0000

Tbom/Milestone
Po Box 4499
Beaverton, OR 97076

Prestige Financial Svc
351 W Opportunity Way
Draper, UT 84020

The Cash Store 3606
852 W Hill Field Rd Ste D
Layton, UT 84041-0000

Prosper/Coastal Comm
221 Main St Ste 300
San Francisco, CA 94105

The General Auto Ins SVCS
Po BOx 305054
Portland, OR 97230-0000

Quest Diagnostics
P.O. Box 31001-1506
Pasadena, CA 91110-0000

U Of U Credit Union
Po Box 58025
Salt Lake City, UT 84158-0000

Unknown/Ihc
Po Box 26415
Salt Lake City, UT 84126-0000

Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-3340

Utah Title Loans
710 South State Street
Clearfield, UT 84015-1811

Vervent/Tbom
5109 S Broadband Ln
Sioux Falls, SD 57108

Wade Family Medicine
557 West 2600 South
Bountiful, UT 84010-0000

Webbank/Fingerhut
6250 Ridgewood Rd
Saint Cloud, MN 56303

Webbnk/Fhut
6250 Ridgewood Roa
Saint Cloud, MN 56303

Wells Fargo Bank
PO Box 5058
MAC P6053-021
Portland, OR 97208-3696

United States Bankruptcy Court
District of Utah

In re: Danielle Ramirez

Case No.

Debtor(s)

Chapter 13

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 08/15/2024

/s/ Danielle Ramirez

Signature of Debtor

Signature of Joint Debtor